	1			STATE OF MARYLAND		Maria La La Company
296158	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	2 9 8 5 1
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	201110011
noy be poge 3	1	Edno	Lavonia.	Brannon	10	16 85 11:28
e od o	3 SE	X	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Pl oge 4	1	Female	White	MONTH DAY YEAR 9		rs.
4 2 2 E	/a 8	COUNTRY).	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
op or con	10.0	Saltimore, MD	USA	WIDOWED DIVORCED	Worceste	r Co. Mo
by the siled with	5,	now Hill	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) 1.50 OF Show Hill	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	
bour d be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e. STREET ADDRESS	
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ARY	11. 17	FIRST	MIDDLE 4 PLAST	FIRST	MIDDLE	1.10 1467
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TIMOR			E WAR OR DATES 212-74	-7647 Elizabeth	B. AdKins -	Snow Hill, Mil
BAL		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one cause per line for (o), (b), or	4 -	0.4.4.4.4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ZIS. I STILL		IMMEDIAT		TITE NARDIAL	FAILURE	1 of cay
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TW. PR		gave rise to immediate couse (a), stating the underlying cause fast.	DUE TO, OR AS A CONSEQUE			3 784
20		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA		N GIVEN IN PART 1(a)
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L RECORD	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \text{\text{I}}
DIVISION OF VITAL ING PHYSICIAN: Offending physic Offen this certifico os the buriol-from th ond Mentel Hy orked or frem 18 no	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
CIA B pla B	14	OR CONTRIBUTING CAUSE OF DEA		19		
HYS nding bis country bis country or h	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
IVIS JG P otte otte strer hone hone	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY OFFICE,	ARM, ETC.]		
NDIN NDIN R. Af	174	220.1 certify that (I) (the becart	(at) attended the deceased from	JAN 1953	_, to_ RET 16	, 1983, that (I) (me) lost
Spire Spire CTO CTO of h		sow the deceosed olive on obove, (1) (we) (did) (did not	5/27 29 19	ond that in (my) (🛶 opinion	death occurred on the date and	d hour and from the causes stoted
OR OR OR Checker	13	72h SIGNATURE	In.	DEGREE	MEDICAL	22c DATE SIGNED
TAL Y TAL		1/8 buth	Jelms, 1	LA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 10-16-85
TO HOSPIT, retoined by TO FUNER, should be a with the Str. IMPORTAN		ROBERT C,	LA MOR,	NR 104 N 1 B/	Ly SWOWA12	L. Md 21843
My with To	23a l	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATORY	23d. LOCATION	
BP		Burist	10-17-85	All Hallows	Snow Hi	11. Mary buil
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	INERAL DIRECTOR	ADDRESS		TE REGID. BY REGISTRAR 25h. RE	GISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

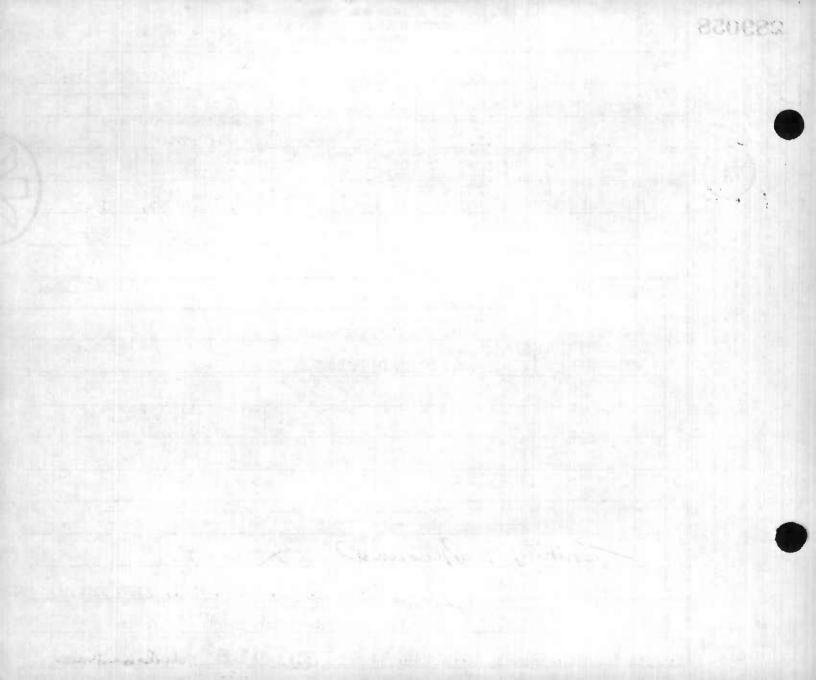
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(VRA 15, 4)

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W. Kirk Burbage, 108 Wms St., Berin, MD

	CEASED NAME	FIRST	,	MIDDLE	ti	AST	20 DATE C	OF DEATH	HINON	DAY	YEAR	26 HOUR
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10 C	ITY OR TOWN OF DEA	TH 111		HOSPITAL, NURSING H FACILITY, GIVE STREET AI		R OTHER INSTITUTION		OCCUPATION FOR MOST OF			CIND OF	BUSINESS OR
_	BERLIN			N NURSING		E	7	EACHE	?			
	AL RESIDENCE (IF NURSI	136 COUNTY		130 CITY OR TOWN		134 INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	E		
	MD	WORCE	ESTER	OCEAN CI	TY	YES NO		1 BOX	242	,	2184	12
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	3 SEX MA	I.E		4. RACE WH	ITE	5. DATE C		ŏî	6. AGE (IN YEARS LAST I	HRTHDAY)	MONTHS	R I YEAR	IF UNDER	- ///
1	7a. BIRTHPLAC		FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER /	MARRIED -	9. BALTIMORE CITY WORCES	OR COUN	TY OF DE			MD.
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(VRA 15, 4)

should be detoched for use with the State Dept. of Heo MPORTANT: If he

> Burial 10/13/85 24 FUNERAL DIRECTOR

K. Burbage, 108 Wms. St., Berlin, MD

23d. LOCATION

COUNTY

STATE

FOR - STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

MARY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IF UNDER I YEAR

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26 HOUR

126 KIND OF BUSINESS OR

21863

BETWEEN ONSET AND DEATH

STATE

22¢ DATE SIGNED

Worcester . Md.

6:05 A

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY LAND 21201	OR ATTENDING PHYSICIAN. The law requires that the death controlling a executed within 24 hours ofter death, rage 4 may be the basistal or oftending absorption.	L DIRECTOR After this certificate has been signed by the ottending about an out an old the little file of the control page toched for use os the burial-transit permit. Then please remove corbanapers. Page is burial, the control of
DIVISION OF VITAL RECORDS, 201 W.	L OR ATTENDING PHYSICIAN. The low requires that the hosairal or ottending observious	DIRECTOR After this certificate has been signed by the offer of the content of the please remove corbonappe

3. SEX 4 RACE 5. DATE OF BIRTH DAY YEAR Black FEMALE 88 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S. WIDOWED DIVORCED [WORCESTER 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE BERLIN BERLIN NURSING HOME MAID USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 1136 INSIDE CITY LIMITS? 212 E. MARTIN ST. MD WORCESTER SNOW HILL 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MICOLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 211 E.Martin St. LYES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! Mrs. Edw. V. DeShields-Snowhill, 220-01-2964 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY CARDIAC RESP. FAILURE IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ASCVD gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ADENOCARCIOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN orked (AT HOME STREET, FACTORY OFFICE FARM ETC (NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an_ above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL FEDERICO ARTHES, MD PHYSICIAN | DIRECTOR | PHYSICIAN | FUNERAL old be del etoined by 22e ADDRESS shoul 3 BAY ST., BERLIN, MD 21811 0 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) Snowhill Mt. Wesley BP 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Accomac, Va. 23301

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

August Sameson Calendary

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	S NEGSSARY, PIEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET.	3 SE	ale	Bla		May 7		S A LAST BIRTH	EARS IF UNDAY) MONT	HS DAYS	HOURS		C. DATE RONOUNCE DEAD	ED OC	month:	25	YEAR 1085	1030	
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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWATO FUNERAL DIRECTOR: PACHER PEATH, WITH THE STAMBALTIMORE, MARYLAND, 213			y that I to	ak charge	of the remains dicouses X,	Accident	17 s	Autop	Hamic	PECIFY)	Undeter	Inquiry Mann	ner,		10	/25/ urv	THE REAL PROPERTY.	
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Elwood Robeins

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Russell Coard

FA16 Black May 7 1931 54

Maryland Worcester Berlin

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Misspern Robeins

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Cerebrovascular Accident minuter

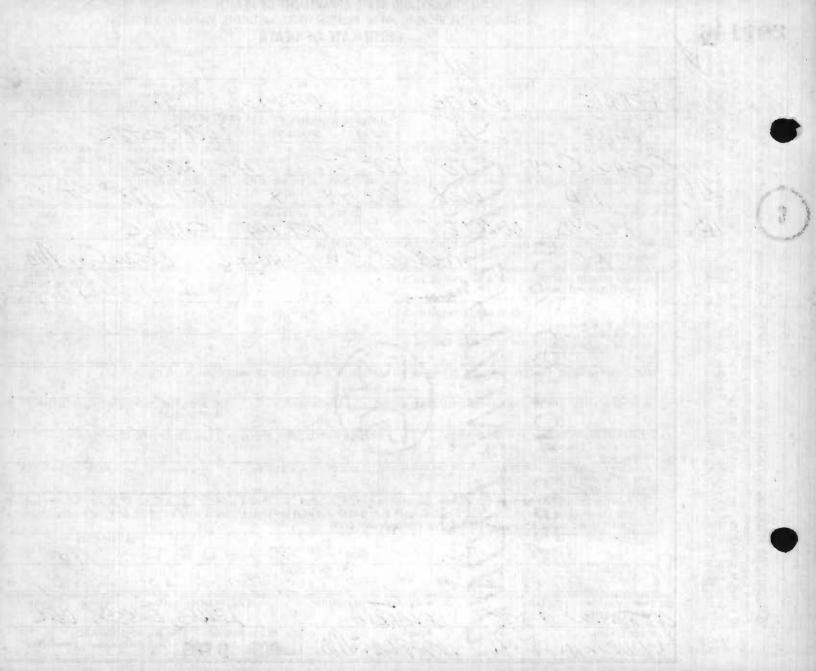
28/25/01 10/25/85

Thomas C. Mill Jr. Pine bluff Road, salisbury, Md

Chaymas I I I I a suppose Com ORY Themen U. Sandalis Child as much

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in 24 haurs of filled in by the papers. Page	70. cou	IRTHPLACE (State or foreign	7b. CITIZEN OF V	WHAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DE	ATH PCESTE	R	Md.
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physicate branched within 24 physican and campletely filled ien please, remove carbon page aval, and may event, within 7	13o. odm	USUAL RESIDENCE (Where of ssion) STATE	deceosed lived, if instit 13b. COUNTY		13c. CITY OR TO	WN 13d. INSIDE CIT		AND NUMBER 123	RD 57	1442
n and convergence	14.	ATHER'S NAME First	Middle W/	L(EY Lost	15. M	OTHER'S MAIDEN NAME OFFICE OF THE OTHER OF THE OTHER OFFI THE OTHER OTH	First SI	Middle MALL		Lost
law requires that the death certificate nding physician. been signed by the attending physicals the burial-transit permit. Then pleasiar to burial, crematian, ar remaval, and		WAS DECEASED EVER IN U.S	S. ARMED FORCES? es give war or dates of service)	2/2-68-6	1 1	D. SCHO	272	Address	16,74	Ms.
ih certific ling phys Then p		18. CAUSE OF DEATH (En	ter only one couse per	line for (o), (b), ond (c).)					NATE INTERVAL NSET AND DEATH
oteath ce attending permit. The		PART I. DEATH WAS IM	CAUSED BY: MEDIATE CAUSE (o)	Breast	Can	er			2%	2 years
that the d an. by the oth iransit per		Conditions, if ony, which		R AS A CONSEQUENCE OF						
nat thu J. Y the Insit p		rise to immediate couse	(o), (b)	AS A CONSEQUENCE OF						
es tha ician. ed by Il-tran		stoting the underlying colost.) Juse (c)	AS A CONSEQUENCE OF					S COUNTY	
equires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIE	BUTING TO DEATH BUT I	NOT RELATED TO TH	HE TERMINAL DISEASE C	R CONDITION GIVEN IN	PART I(o)		
ing ing sen the l	NO							2,328		
IAN: The law real of or attending itate has been for use as the Health prior to be	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION WAS P		20a. AUTOPSY? YES NO	CAUSES OF			RTIFYING
PHYSICIAN: The e haspital or atte his certificate has stacked far use a Dept, af Health pr	MEDICAL CE	21o. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE (If either, notify medical e	OF DEATH HOUR A.M	. Month Doy Yeo	21c. HOW 19	INJURY OCCURRED (Er	nter noture of injury in	Port 1 or Part 2, 1	tem 18.)	STATE OF
6 + 0	ME	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCA	TION Street or R.F.D.	No. City or	Town	County	Stote
by the fifer be done of the do		22a. I certify that (I) (this hospital) a	tended the decea	sed fram	Sept., 19	85, to 1	Oct - , 19	85, that	(+) (we) last
ATTENDING stained by the CTOR: After should be dirth the State		causes stated a	ed alive an bave, (I) (we) (di a	l) (did nat) view the	bady after dec	nat in (my) (aur) c ith.	ipinian death acc	urred an the da	te and haur o	and fram the
OR ATTEND be retained DIRECTOR: A je 3 should ed with the		22b. SIGNATURE)	· n/a	ti m.	O. DEGREE	ATTENDING PHYS.	MED. S	TAFF 22c. I	DATE SIGNED	5-
SPITAL O 4 may be ERAL DIF or, page d be filed		22d. PHYSICIAN'S NAME (Type)	mes E	· Mart	in, M.O.	22e. ADDRESS 1300 3	5. Divisi	on 5+.,	Salis5	ره سر چرن
TO HOSPITAL Page 4 may TO FUNERAL director, pag	230	BURIAL, CREMATION, BELIEVAT IS DECITY	23b. DATE 10-3-35	23c. NAME OF	CEMETERY OR CR		23d. LOCATION (City or Town)	EX, D	(Stote)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	F-K	Agdres	84/L/1	D 250. REC'I	BY REGISTRAR T 9 1985	25b. REGISTRAR'S Fishia Dai		notable.

MARYLAND STATE DEPARTMENT OF HEALTH



			STATE OF MARYLAND								
	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 2 7							
2880	26	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 7	0 2 /							
	1.1	DECEASED NAME FIRST	MIDDLE LAST 70 DATE KNOWN X MONTH	DAY YEAR 26 HOUR							
w w	_ (TYPE OR PRINT) Kimber	OF ESTI-	7 1485 M							
SEE TO E	3.9	SEX 4 RACE	S DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE MONTH	7 1985 M							
H PE	SI	1 1	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	2 25 12:10							
A POS	ŏ L	smale Vegro	11-3-84 YRS. 11 4 DEAD 10	/ 1985 p M							
RAIR	55 70	BIRTHPTACE (STATE OR FOREIGN COLARY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNT	Y OF DEATH							
日本大学	2	I'ld.	widowed Divorced Worcester coun	ty MD							
B NECESSARY, PLEASE FUNERAL DIRECTOR. F. S. FOR YOUR SILES. ED, WITHIN 72 HOURS.	= 014	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK								
多年美田	811	Snow Hill	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Public Landing Road	OK INDUSTRY							
DE DE		UAL RESIDENCE JIF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								
2000	366	STATE 136 GOUNT		21012							
7		FATHER'S NAME	cester Dnow Hill YES NOW Kt. I Bx. 35	×1862							
1 1 2	\$11 A	FIRST	MIDDLE 135T 15. MOTHER'S MAIDEN NAME MIDDLE	MST							
M 2007		alyrman	1. White Carolyn Co	irter							
3 B254	160		AED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS								
AT A AL	ISI Ja		- 212-08-9999 Carolyn Carter Kt I Sn	owtill Md							
URS WIT	3	18 CAUSE OF DEATH (Enter only	y ane couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
PRESTON ST. THIN 24 HOU CIL IN ITEM 18 AINT PERMIT	AL. AL.	PART I DEATH WAS CAUSED	PRY: E CAUSE (o) Drowning	BETWEEN ONSET AND DEATH							
	0 >	WWWEDIA	/ DUE TO, OR AS A CONSEQUENCE OF								
W. PREST WITHIN WITHIN AINER A	EXT	Conditions, if ony, which		The Contract							
3 3 2 5 2	무 않	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF								
	Z X	lying cause last.	SSE TO, ON NO R CONSCIONE OF								
S.2	AND MEN	BART O BANG CICHICICANA CRAIRISTONIC	(c)	1							
OF VITAL RECORDS, ATE SHOULD BE EXEC E WORD, "FENDING," THE CHIEF MEDICAL THE USED AS A BUILD BE USED AS A SA AS A BUILD			ONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
RECOR	DEPARTMENT OF HEALTH	D CONTRACTOR OF									
SHOULD ORD "PEI NEE N	I ₹ / 3	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?							
F VITA F SHO WORD F CHIII	52			YES X NO							
A THE VERY BELLE	O PE	210 EXTERNAL CAUSE WAS UNDERLYING X OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	T 2)							
S SHOO	F 8 3	CONTRIBUTING CAUSE OF D									
DIVISION IS CERTIFIC ARTING TH (RDED TO	PARP	214 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 21), LOCATION								
0 8888	변 있 "	WHILE AT WORK TO AT WORK	street, FACTORY, FARM, ETC.) house Public Landing Rd, Snow Hill, Wo.	rcester, MD.							
AER: THI FORWA OR: PA(STA,										
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1692	₹ ¥	ACTUAL A UD AAA	TITLE (SPECIFY) DATE								
ETHE CERTIF SHOULD BI	Ew A	SIGNATUR	Assistant MEDICAL EXAMINER SIGNED	10/8/85							
COTE SEA S	NO OF	EXAMINER'S NAME									
XECL AGE	AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	(TYPE OR PRINT)	Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto.MD	•							
5995	₹ B 23	BORIAL, CREMATION, REMOVAL 23	DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION COUNTY	Y STATE A							
07/84 BP		Durial	10-12-85 MH. Zion Bapt, Cem. Snow Hill W	or, Md.							
25M DHMH		FUNDERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S ST	GNATURE							
(VR A15 A		Hamuel B. A	wase New Church Va. OCT 10 1985 whie Davidson	Mancrac							

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25-X0-X0			1 - STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH					0 -	EG. NO.	6.	4 0	2 0
		1/		CEASED NAME	FIRST		MIDDLE		LAS1		20. DATE OF DEA	ATH MONT	H DAY	YEAR	2b HOUR
e e	page 3	1	(117)		vella	a Wilson						10	13	85	M
low (ou	, po		3. SE	Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia 10. CITY OR TOWN OF DEATH Berlin		4. RACE 5. DATE OF BIRTH			6 AGE JIN YEARS	AST BIRTHDAY)	IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
7 3	ecto rs of	/1r	F					1926	58 YRS.						
	- P 0	6/1	70 B			76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED					9 BALTIMORE CITY OR COUNTY OF DEATH				
	nero	رق ا				U.S.A. WIDOWED DIVORCED III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				Worcester					
1	with	1	10 C							12a USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
10	by th	(2 ()				Poplar Lane					laborer		Candy Kitcher		
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ON S	fille	E	Ma	ryland		ester	Berl		YES 🗌	NO X	Rt. #3,	Box	271/	21811	
Z.	erely 2 sh	7) E Z /	14 F	ATHER'S NAME	^	MIDDLE	I.A	\ST	15. MOTHE	R'S MAIDEN NAM		DDLE		241	
Time?	Tale	大豆儿		Aurelius			Wils		F1	orida			1403	Steve	ens
131	1000	dico		WAS DECEASED EVER		MED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORA	AANT					Road
	Pool	H H		no			220-1	2-1405	Dorot	hy Hatch	er	Phila	delph		a. 1913
A	Sicio Ders	- 4 - 4		18 CAUSE OF DEATH	H (Enter onl	ly ane couse pe	r line far jal,	b), and (c/)		2 7	44 1			BETWEEN C	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PRESTON ST., DIVISION OF WITH GROWN CERTIFICATION CERTIFICATIO	P P P	even		PARTI, DEATH W		E CAUSE (o)	11	301) - 0	100/6	101				
	ndin	or		THE RES		DUE TO, C	R AS A CON	ISEQUENCE OF		2011	^				
REST	offe	roun		Conditions, if ony, which gave rise to immediate (b)											
y of	the	hert		cause (a), statin	g the	DUE TO, C	R AS A CON	ISEQUENCE OF	2.					100	
V 10	d by	or of				(c)		(+ D							
35, 2	signe en p	obor.	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTIN	IG TO DEATH BU	T NOT RELATI	ED TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN	IN PART 10	11
ORC	een T	any in	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	ITION FOR V	WHICH OPERAT	ON WAS PER	ORMED	200 AUTOPSY	2 20h	IF YES W	VERE FINDIN	IGS LISED
REC	n. Sos b		100	DATE OF OFERA	1014	170. CO142	ALION ION	WINCH OF EKATI	OTT WASTER	OKMED	YES TO NO	- IN (CERTIFYIN	NG CAUSES	OF DEATH?
ITAL	sicio ote h	Hygiene 18 show	ERT	21g. ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY		21c. HOW	INJURY OCCURR	ED (ENTER NATURE				NO []
OF V	phy rtific	TO E		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A	.M. MONT		R						
NO NA	ding is ce	Mental or Item	MEDICAL	21d INJURY OCCURE			OF INJURY	19	21f LOCA	NOI					
VISIV	er th		N.	WHILE NOT WH	ILE 🗌	(AT HOME, ST	REET, FACTORY,	OFFICE, FARM, ETC.)	STRI	EET	CIT	Y OR TOWN		COUNTY	STATE
2	or or Aft	morked		220.1 certify that (I)		ral) of anded	he deceased	from	301	V 19 8.	3 10 01	5	. 18	1	that (I) (we) last
Z	TOR	21 is		sow the decease	d alive on.	0/-1	-01	19	and that in (m	y) (our) opinion o	leoth accurred on	the date ar	nd haur ar	nd fram the	causes stated
	DIRECTOR.	Hem.		abave (I) (we) (a	ila) (ala nat	r) view the body	y arrer aearn.	100	DEGREE		- 1/2			22c. DATE	SIGNED
0	y the	T. F		tra	27	16	en	-	40.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN I		10-	1485
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Ç	5 5 5 4	3 3 7	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	CEMETERY O	RCREMATORY	23d. LOCATIO	N		OUNTY	STATE
	BP			BURTAL		10/29	/85	Frankt	own A.M	1.E. Cem	Franki	town	N. H	ampto	n Va.
DHMH-16 30/				UNERAL DIRECTOR			AD	Rt. #	2, Jers	sey 250 DATE	REC'D. BY REGIS	TRAR 25b. R	EGISTRAF	R'S SIGNAT	URE
	(VRA 15, 4	1)	Jo	lley Memor	ial C	hapel	Ro	. Salis	bury. M	d. DCT	1 7 100E	"	-	m.	2.00

